



**I'm Retiring!**

**Goodbye Tension!**

**Hello Pension!**

## NORTH DAKOTA TEACHERS' FUND for RETIREMENT ACCOUNT COPY

First Name: **Jane**  
Last Name: **Teacher**  
Address: **1930 Burnt Boat Dr**  
**BISMARCK, ND 58507-7100**

PersonID: **999999**  
Plan Status: **Active**  
Employment Status: **Active employee**  
Date of Hire: **July 01, 1972**  
Max Day Worked: **June 05, 2016**

Date of Birth: **February 14, 1950**  
Calculation Date: **June 13, 2016**  
Current Age: **66.330**

Credited Service: **33.000**  
Vested Service: **33.000**  
Purchase in Progress: **No**

Taxed Contributions: **\$1,487.28**  
Tax Deferred Contributions: **\$117,591.73**  
Interest as of 06/13/2016: **\$137,373.55**  
Account Value: **\$256,452.56**

### STATUS & FLAGS

Status or Flag Type	DATE	Status
Member Plan Flag	June 30, 2013	Tier 1:Grandfathered

### ACTIVE & CONTINGENT

Name	Percent	Date of Birth	Relationship
Joe Teacher	100.000	04-12-1950	Spouse

All account copy information is subject to audit and adjustment prior to payment of retirement or refund benefits.

Last Name/First Name: Teacher/Jane

L/R Date	Type	Employer	Service	Taxed	Tax Deferred	Salary
06/01/1973	01	45-004	1.000	\$270.04	\$0.00	\$6,751.00
06/01/1974	01	45-004	1.000	\$279.52	\$0.00	\$6,988.00
07/08/1974	Payment to Member		(2.000)	(\$549.56)	(\$14.99)	
05/01/1986	01	08-001	1.000	\$0.00	\$681.14	\$10,898.24
05/01/1987	01	08-001	1.000	\$0.00	\$1,213.06	\$19,408.96
05/01/1988	01	08-001	1.000	\$0.00	\$1,323.74	\$21,179.84
05/01/1989	01	08-001	1.000	\$0.00	\$1,450.56	\$23,208.96
05/01/1990	01	08-001	1.000	\$0.00	\$1,659.93	\$24,591.53
05/01/1991	01	08-001	1.000	\$0.00	\$1,731.23	\$25,647.83
06/17/1991	P Refunded TFFR Service Cr		2.000	\$1,487.28	\$0.00	
05/01/1992	01	08-001	1.000	\$0.00	\$2,218.50	\$32,866.65
05/01/1993	01	08-001	1.000	\$0.00	\$1,941.96	\$28,769.76
05/01/1994	01	08-001	1.000	\$0.00	\$2,091.24	\$30,981.31
05/01/1995	01	08-001	1.000	\$0.00	\$2,197.78	\$32,559.68
05/01/1996	01	08-001	1.000	\$0.00	\$2,389.11	\$35,394.20
05/01/1997	01	08-001	1.000	\$0.00	\$2,482.81	\$36,782.31
05/01/1998	01	08-001	1.000	\$0.00	\$2,910.08	\$37,549.81
05/01/1999	01	08-001	1.000	\$0.00	\$3,068.49	\$39,593.31
05/01/2000	01	08-001	1.000	\$0.00	\$3,260.63	\$42,072.81
05/01/2001	01	08-001	1.000	\$0.00	\$3,428.34	\$44,236.81
05/01/2002	01	08-001	1.000	\$0.00	\$3,622.77	\$46,745.50
05/01/2003	01	08-001	1.000	\$0.00	\$3,779.45	\$48,767.04
05/01/2004	01	08-001	1.000	\$0.00	\$4,119.43	\$53,154.00
05/01/2005	01	08-001	1.000	\$0.00	\$4,275.52	\$55,167.67
05/01/2006	01	08-001	1.000	\$0.00	\$4,815.48	\$62,135.01
05/01/2007	01	08-001	1.000	\$0.00	\$4,612.16	\$59,512.17
05/01/2008	01	08-001	1.000	\$0.00	\$4,823.80	\$62,242.52
05/01/2009	01	08-001	1.000	\$0.00	\$4,990.22	\$64,390.00
05/01/2010	01	08-001	1.000	\$0.00	\$5,151.46	\$66,470.67
05/01/2011	01	08-001	1.000	\$0.00	\$5,315.07	\$68,581.68
05/01/2012	01	08-001	1.000	\$0.00	\$5,470.01	\$70,581.01
05/01/2013	01	08-001	1.000	\$0.00	\$7,097.30	\$72,793.01
05/01/2014	01	08-001	1.000	\$0.00	\$7,370.82	\$75,598.00
06/01/2015	01	08-001	1.000	\$0.00	\$9,477.75	\$80,661.66
06/01/2016	01	08-001	1.000	\$0.00	\$9,921.89	\$83,452.86
99/99/9999	01	08-001	1.000	\$0.00	\$269.83	\$2,026.58

All account copy information is subject to audit and adjustment prior to payment of retirement or refund benefits.

# Benefit Formula

**Final Average Salary\*** x service credit x  
2.0% multiplier = monthly Single Life Annuity.

\*Tier 1 Members **FAS** – three high  
fiscal year salaries ÷ 36.

\*Tier 2 Members **FAS** – five high fiscal  
year salaries ÷ 60.

## North Dakota Teachers' Fund For Retirement (200) Retirement Benefit Estimate

Name: Jane Teacher	PersonID: 999999	Date: 08/18/2016
	Member Tier: 1G	
Age: 63.241	Dual/USERRA Service: 0.000	Retirement Date: 06/01/2017
Total Service Credit: 36.000	Service Purchase: 0.000	Beneficiary: Joe Teacher
Final Avg Salary: (monthly) \$5,252.43		PLSO Total: \$45,381.00
Rule of 85: 99.241	Level Age:	PLSO Taxable: \$44,941.89
	Estimated SS: \$0.00	PLSO Non Taxable: \$439.11

### Monthly benefit options:

	Regular Retirement	Level Income	Partial LumpSum
Single Life Annuity	\$3,781.75		\$3,438.37
100% Joint & Survivor	\$3,477.18		\$3,161.46
50% Joint & Survivor	\$3,623.08		\$3,294.10
10 Year Term Certain & Life	\$3,737.94		\$3,398.54
20 Year Term Certain & Life	\$3,624.69		\$3,295.57

### Single Life Annuity

This benefit is paid to you for life. There is no monthly provision for your beneficiary. However, should you die before receiving your account value your beneficiary will receive a lump-sum payment of the balance.

### 100% Joint & Survivor

This benefit is paid to you for life. At your death, your designated beneficiary will receive 100% of your monthly benefit for

### 50% Joint & Survivor

This benefit is paid to you for life. At your death, your designated beneficiary will receive 50% of your monthly benefit for

### 10 Year Term Certain & Life

This benefit is paid to you for life. If you die within ten years (120 months) of your retirement, your beneficiary will receive monthly payments of the same amount until the end of the ten-year period.

### 20 Year Term Certain & Life

This benefit is paid to you for life. If you die within twenty years (240 months) of your retirement, your beneficiary will receive monthly payments of the same amount until the end of the twenty-year period.

### Level Income

Under this option you will receive the higher monthly benefit until the Social Security age noted above. At that time, your TFFR benefit will be reduced for life by the Social Security Estimate noted above.

### Partial Lump Sum

Under this option you will receive a partial lump sum equal to 12 times your regular Single Life Annuity, payable in addition to a reduced monthly benefit. You may rollover the lump sum or have it paid to you. If you have the taxable portion paid to you, it will be taxed as ordinary income and subject to automatic 20% federal tax withholding. To be eligible for the partial lump sum option, you must be retiring at age 65 or Rule of 85.

**These are projected estimates and are subject to audit and adjustment. Under all options, the fund guarantees a minimum payout equal to the account value determined at retirement.**

# Benefit Options

- ☐ Refund of Account Value



- ☐ Single Life Annuity



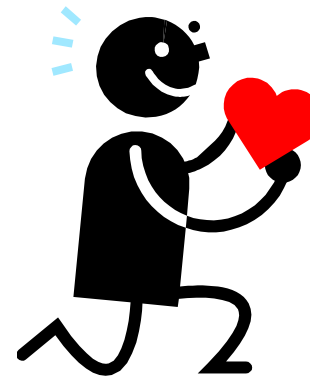
You

# Benefit Options

## ❑ 100% Joint and Survivor



PLUS



Spouse; or any **one** person within 10 years of your age

## ❑ 50% Joint and Survivor



PLUS



Spouse; or any **one** person of any age

# Benefit Options

## ☐ 10 Year Certain and Life



You

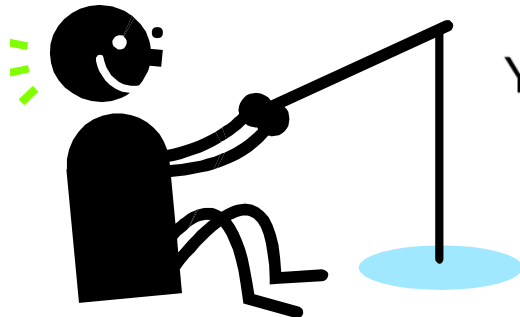
PLUS



And/or



## ☐ 20 Year Certain and Life



You

PLUS



And/or





# Benefit Options

## ☐ Level Income Option



## ☐ Partial Lump Sum Option



However,  
monthly benefits  
are less



## Level Income Example:

Calculation of Level Income Supplement/TFFR Retirement Age 55

Estimated Social Security Benefit = \$1,200 at age 62;  $\$1,200 \times 55.67\% = \$668.04$

## Calculation of Single Life Annuity:

Single Life Annuity Non-Level Income	\$3,781.75
Level Income Supplement	<u>+ 668.04</u>
Level Income Single Life Annuity (before age 62)	\$4,449.79
At age 62 TFFR annuity is reduced by	<u>-1,200.00</u>
Level Income Single Life Annuity (after age 62)	\$3,249.79

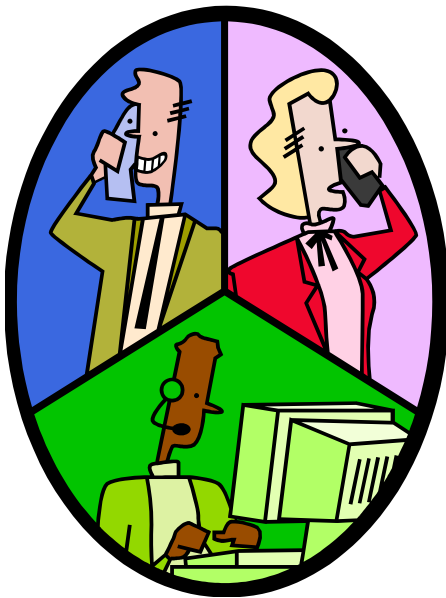
## Partial Lump Sum Option (PLSO) Example:

Jane retires on June 1, 2017, under normal retirement. Her Single Life Annuity benefit is \$3,781.75/month. She may elect the regular retirement option and receive \$3,781.75/month for life or receive a PLSO distribution of \$45,381.00 ( $\$3,781.75 \times 12$ ) and a lifetime benefit of \$3,438.37/month. Generally, the actuarial reduction for a PLSO is approximately 10%.

Retirees using the PLSO may also select a Joint & Survivor Option or Term Certain Option to provide a continuing benefit to a beneficiary. These options would require another actuarial reduction to the \$3,438.37.

# HOW TO APPLY FOR RETIREMENT BENEFITS

**Step 1:** Contact a TFFR Benefits Counselor to calculate your benefit and option amounts and request a **Notice of Termination** form.



OR





## NOTICE OF TERMINATION

NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE  
TEACHERS' FUND FOR RETIREMENT DIVISION  
SFN 17144 (2-2016)

Name (First, Middle, Last)	Person ID	Last Date Worked in N.D.
Mailing Address	City	State
		ZIP Code
Home Email Address	Work Telephone Number	Home Telephone Number

My last day of TFFR-covered employment is listed above. I am not under contract with a North Dakota public school or state institution for the upcoming school year. I am not on a leave of absence nor teaching summer school or driver's education. I wish to have my retirement account handled in the following manner.

**Check one – see reverse side for instructions.**

☐ **REFUND OF ACCOUNT VALUE (150)**

I request the application forms to apply for a refund of my account value (member contributions paid plus interest). There is a 120-day statutory waiting period from the last day of employment before a refund can be issued. I understand that the waiting period may be waived.

☐ **DEFERRED RETIREMENT (250)**

I am a vested member (Tier 1 member—3 or more years of service credit in North Dakota; Tier 2 member—5 or more years of service credit) and wish to defer retirement until I become eligible for benefits. I understand that I may change this election or take a refund prior to accepting my first retirement check.

☐ **DISABILITY RETIREMENT (260)**

I am a member with five or more years of North Dakota service credit and would like information on TFFR disability retirement. I understand that a disability application form must be filed within 36 months from my last day of covered employment.

☐ **NORMAL RETIREMENT (232)**

☒ **I am interested in the Partial Lump Sum Option (PLSO).**

I am retiring from TFFR-covered employment and my retirement date is \_\_\_\_\_  
(retirement date must be 1<sup>st</sup> or 15<sup>th</sup> of a month). I am including **PHOTOCOPIES** of the following documents:

1. Proof of age (send one) - birth certificate, baptismal certificate, military discharge, or passport.
2. Proof of beneficiary's age - if selecting joint and survivor option (acceptable proof see above).
3. ND teaching contract for current school year including any extracurricular activity pay or additional salary.
4. Salary Verification-Pending Retiree form – to be completed by employer.
5. Early retirement incentive agreement **OR** letter of resignation and acceptance by employer.
6. Social Security benefit estimate - if interested in the level income option.

**I also understand that I will select my retirement benefit plan on the official enrollment form that I will receive from the administrative office approximately one month before my retirement date.**

Signature of Member	Date
---------------------	------

**RETURN TO:**

ND Retirement and Investment Office  
1930 Burnt Boat Drive, PO Box 7100  
Bismarck ND 58507-7100  
Telephone: 701-328-9885  
Toll free: 800-952-2970  
Fax: 701-328-9897  
www.nd.gov/rio

This form is available in an alternate format upon request.

- ❑ Proof of age – birth or baptismal certificate, military discharge, or passport. A copy of your driver's license is **NOT** acceptable.
- ❑ Proof of beneficiary's age – if one beneficiary is named and interested in joint and survivor options.



Driver's License



# Teaching and extra-curricular contract(s) for current school year.

## SAMPLE TEACHER'S CONTRACT

THIS AGREEMENT is made and entered into on the 1st day of April, 20 16, between Jane Teacher, a duly qualified teacher (hereinafter called TEACHER) holding a valid North Dakota Teacher's License Number 111111, and the Any City Public School District (hereinafter called the SCHOOL DISTRICT).

1. **DURATION:** The School Board hereby contracts Jane Teacher [teacher's name] to teach in said SCHOOL DISTRICT during the 2016-17 school year for a term of 10 months, beginning on August 20, 20 16. In addition, the TEACHER shall attend professional development on the following dates at times specified by the superintendent or building principal: \_\_\_\_\_

2. **SALARY:** The School Board of said SCHOOL DISTRICT agrees to pay said TEACHER an annual salary of Seventy thousand Dollars, payable in 10 equal installments as follows: \$7000.00 per month

3. **ASSIGNMENT(S):** The above-named TEACHER agrees to faithfully perform such services as may be reasonably assigned by the School Board or its designated representative(s) during the life of this contract, including teaching assignments for which said TEACHER is highly qualified.

4. **EXTRACURRICULAR ASSIGNMENTS:** The following extracurricular assignments are included as an integral part of this contract, with additional compensation as specified:

POSITION	ADDITIONAL COMPENSATION
_____	\$ _____
_____	\$ _____
_____	\$ _____

Extracurricular assignments are not subject to the continuing contract law.

5. **COMPLIANCE WITH POLICIES:** TEACHER agrees to comply with all policies of the SCHOOL DISTRICT, which policies shall be made readily available for review upon request by the TEACHER.

6. **QUALIFICATIONS:** TEACHER hereby certifies that s/he holds a valid teacher's license issued by the North Dakota Education Standards and Practices Board (ESPB) and is highly qualified as defined and required by No Child Left Behind Act of 2001 and ESPB.

7. **ADDITIONAL TERMS OF EMPLOYMENT:** The remaining terms of the TEACHER'S employment are covered by the negotiated agreement and district policy.

8. **SAVINGS CLAUSE.** If any portion of this contract is determined to be invalid or unenforceable, the remainder of the contract shall not be affected and shall remain in force.

9. **DEADLINE FOR ACCEPTANCE:** This contract must be signed and returned to the business manager by 5:00 p.m. on the 15<sup>th</sup> day of April, 20 16, or it will be deemed rejected.

PREPARE IN DUPLICATE

BUSINESS MANAGER  
TEACHER

Any City School District  
NAME OF SCHOOL DISTRICT

\_\_\_\_\_  
President of the School Board

\_\_\_\_\_  
Business Manager

\_\_\_\_\_  
Teacher

# Salary verification form.



## SALARY VERIFICATION – PENDING RETIREE (126)

NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE  
TEACHERS' FUND FOR RETIREMENT DIVISION  
SFN 59158 (2-2016)

**Member:** Take this form to your employer's business manager or payroll office for completion. Discuss with them any anticipated leave without pay and/or any extra duties that may affect your current salary.

**Business Manager:** Please complete this form for a TFFR member who is retiring. List base contract salary and detail any salary additions or reductions by month. Include any salary to be earned or lost in the appropriate month. Additional pay must be documented. Please include copies of all pay documentation (contracts, board minutes authorizing payment, etc.) and any other documentation that will assist TFFR in verifying the member's current salary. Report eligible TFFR salary only.

Member Name	Person ID (Office Use)	Fiscal Year 7-01-____ through 6-30-____
Annual Base Contract Salary	Number of Payments	
Estimated Last Day Worked	Estimated Number of Compensated Hours	

Month	Base Contract	Additions/Reductions to Base Contract (Do not list ineligible TFFR pay—Ex: unused leave, bus driving, etc.)	Total Eligible Contract Salary (Do not include TFFR pickup)
Example	\$3,000	\$1,000 BB Coaching; \$500 Curriculum Writing; -\$230.50 Leave W/out Pay	\$4,269.50
July			
August			
September			
October			
November			
December			
January			
February			
March			
April			
May			
June			
Total Estimated Eligible Contract Salary for Fiscal Year			\$

Name of Employer	Employer Number	Employer Model
Signature of Business Manager	Date	Telephone Number

**Return to:** ND Retirement and Investment Office  
PO Box 7100, Bismarck ND 58507-7100  
Telephone: 701-328-9885 Toll Free: 1-800-952-2970  
Fax: 701-328-9897 Website: [www.nd.gov/rio](http://www.nd.gov/rio)



## ❑ Letter of resignation and acceptance by employer.

January 2, 2017

Dear Mr. Principal and Board Members:

I am writing to inform you that I will be retiring at the end of this school year. I have loved my job for all these years.

I will be done effective May 26, 2017.

Sincerely,

Jane Teacher

January 30, 2017

Dear Jane Teacher,

Thank you for your many years of service and wisdom imparted to our students. We won't forget you.

Good luck!

Sincerely,

Joe Happy  
Business Manager

## ❑ Social Security benefit estimate – if interested in level income option.



**Step 2:** Submit the Notice of Termination form to the administrative office at least **120** days prior to retirement. Along with this form, furnish a **copy** of the following documents:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>February 2017</b>						
			1 <b>SEND IN RETIREMENT PAPERS</b>	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	Notes:			

**Step 3:** TFFR will review the account including salaries and service credit. We may contact the employer for salary verification.



**Step 4:** Once the verification is complete, TFFR will send the following forms:

- 1) Enrollment for Retirement Benefits
- 2) Designation of Beneficiary
- 3) Authorization for Direct Deposit
- 4) W-4P Tax Withholding

These forms will be sent approximately one month prior to your first payment. Actual payment of benefits will be on the first working day of each month and may be paid retroactive to your retirement date.

**Note:** Members must complete purchase of service credit agreements before retirement.



## ND Retirement and Investment Office

*Teachers' Fund for Retirement  
State Investment Board*

1930 Burnt Boat Drive  
P.O. Box 7100  
Bismarck, ND 58507-7100  
Telephone 701-328-9885  
Toll Free 800-952-2970  
Fax 701-328-9897  
[www.nd.gov/rio](http://www.nd.gov/rio)

April 14, 2017

Jane Teacher  
1930 Burnt Boat Dr  
Bismarck ND 58507-7100

**RE: Retirement Benefits  
Person ID 999999**

Thank you for submitting the documentation necessary to claim your retirement benefits. The forms required for your retirement are enclosed and are to be handled as follows:

- **Enrollment Form(s)** - Select your retirement plan and have your signature notarized. If your spouse is your beneficiary, your spouse's signature must also be notarized. If you plan to retire under the level income option or the partial lump sum option and did not receive the appropriate enrollment form, contact our office. **Your selection on the enrollment form is irrevocable; you cannot change it. Also confirm the correct TFFR retirement date is listed on the enrollment form. Your monthly benefit is calculated as of this date and benefits will be paid retroactive to this date.**

If you are selecting the partial lump sum distribution option, you must complete both the Enrollment for Retirement Benefits – Partial Lump Sum and the Application for Partial Lump Sum Distribution forms.

According to your contract, your 2016-2017 salary is \$83,452.86. However, benefits on the enrollment form are calculated using **90% of this salary**. An adjustment to your monthly benefit may be made in the fall, retroactive to your retirement date, once the final salary is reported by your employer.

If you have chosen the partial lump sum option, please note the amount of the lump sum reflects 90% of the estimated salary and **no** adjustment will be made to the lump sum. If you wish to receive the partial lump sum using the full salary, **DO NOT** complete these enrollment forms and contact our office for new forms. This will delay your retirement payment; however, the monthly payment will be made retroactive to your retirement date.

- **Designation of Beneficiary Form** - Complete this form with the name(s) of your beneficiary(ies). **Even if you do not change your beneficiary, you must still complete this form.**

If you select a joint and survivor option, you may only designate one primary beneficiary, and the beneficiary cannot be changed after retirement. The joint and survivor options were calculated using Joe Teacher as your beneficiary. If you wish to change your beneficiary before retirement, please contact us for a new enrollment form.

If you choose a joint and survivor option, please send proof of your beneficiary's age. A copy of a birth certificate, baptismal certificate, military discharge, or passport is acceptable.

If your spouse is not your beneficiary and there is more than ten years difference in age, the 100% joint and survivor option is not available.

- **W-4P Form** - The annuity payments you receive are subject to federal and state income taxes. The W-4P form authorizes or waives withholding of federal and North Dakota income taxes.

This form must be completed and returned to the administrative office. Carefully review the reverse side for important tax information. The enclosed withholding tables will assist you in estimating your North Dakota state and federal tax withholding.

At the end of each calendar year, a 1099R tax form will be mailed to provide tax information.

- **Authorization for Direct Deposit Form** - Direct deposit is the **required** method of payment for new retirees. It is a safe, fast, and cost effective way of receiving your monthly benefit. Your annuity check is electronically transferred to your bank account on the first working day of every month. Complete the Annuitant/Payee section and attach a voided check.

In addition to the forms you have already submitted, we require a copy of your letter of resignation and acceptance by the Board **OR** a copy of your early retirement incentive agreement.

**Please return all of the completed forms and documents to us by May 12, 2017. Benefits will be paid June 1, 2017. A June 1 benefit payment cannot be guaranteed if the retirement forms and necessary documentation are not received in our office by this date.**

Jane Teacher  
Page 3  
April 14, 2017

State law defines retirement as cessation of employment and acceptance of a benefit. Therefore, if you pass away before accepting this benefit, retirement would not have occurred, and retirement benefits would not be payable. Instead, your beneficiary would be eligible for survivor benefits the first of the month following your passing.

Retired TFFR members eligible for Medicare may participate in the North Dakota Public Employees Retirement System (NDPERS) Group Health Insurance Plan. In order to be eligible to join this plan, you must apply within 31 days from the date following any "qualifying events." For a definition of the qualifying events and rates, contact the NDPERS office at 328-3900 or 1-800-803-7377.

TFFR counselors are available to provide informational assistance to you throughout the retirement process. However, you may wish to contact an independent accountant, tax advisor, or qualified financial planner to assist you in making your retirement decisions.

If you have any questions, please contact me at the Retirement and Investment Office.



DENISE OSMOND  
RETIREMENT PROGRAM SPECIALIST

dar/234  
Enclosures

**ENROLLMENT FOR RETIREMENT BENEFITS (235)**

NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE

TEACHERS' FUND FOR RETIREMENT DIVISION

SFN 11726 (6-2014)

Name of Member (First, Middle, Last)		Membership Tier	Person ID	
Mailing Address		City	State	ZIP Code
Married <input type="checkbox"/> Single <input type="checkbox"/>	Name of Spouse (First, Middle, Last)			

I am retiring from TFFR-covered employment and am no longer under contract to perform teaching services in a public school or state institution in North Dakota. I request that monthly retirement benefits be paid to me as of my retirement date of \_\_\_\_\_ in accordance with North Dakota Century Code Chapter 15-39.1.

**My designated beneficiary(ies) is/are:**

The retirement option I have chosen is indicated by a check mark below.

- |   |                 |  |                 |
|---|-----------------|--|-----------------|
| <input type="checkbox"/> <b>Single Life Annuity</b>       | \$_____ per mo. | <input type="checkbox"/> <b>10 Year Certain &amp; Life</b> | \$_____ per mo. |
| <input type="checkbox"/> <b>100% Joint &amp; Survivor</b> | \$_____ per mo. | <input type="checkbox"/> <b>20 Year Certain &amp; Life</b> | \$_____ per mo. |
| <input type="checkbox"/> <b>50% Joint &amp; Survivor</b>  | \$_____ per mo. |  |                 |

Signature of Spouse Required if Named Beneficiary		Member's Signature	
I consent to the retirement benefit payment option selected by the above named TFFR member.		I understand the terms and conditions of the retirement option I have selected (description on reverse side). I understand my choice of benefit option may not be changed. I also understand the benefit amount may be adjusted if a reporting or calculation error occurred.	
Signature of Spouse	Date	Signature of Member	Date
 <b>Notary Information</b>		 <b>Notary Information</b>	
State	County	State	County
Signed and sworn to (or affirmed) before me this	Date	Signed and sworn to (or affirmed) before me this	Date
Name(s) of Individual(s) Making Statement	Affix Notary Stamp	Name(s) of Individual(s) Making Statement	Affix Notary Stamp
Signature of Notary Public or Other Authorized Officer		Signature of Notary Public or Other Authorized Officer	
Commission Expiration Date		Commission Expiration Date	

**RETURN TO:**ND Retirement and Investment Office  
PO Box 7100, 1930 Burnt Boat Drive  
Bismarck ND 58507-7100

Telephone: 701-328-9885

Toll free: 800-952-2970

Fax: 701-328-9897

www.nd.gov/rio

This form is available in an alternate format upon request.

- To pay a member's first retirement check as soon as possible, TFFR will use the salary information provided by you to estimate your last salary and service credit. Retirement enrollment forms will be prepared using **90%** of the estimated salary information and sent to you for completion. Upon our receipt, your retirement benefits will begin on the first day of the month of eligibility or retroactively.

- The salary, service credit, and last date of employment reported by your employer will be compared to the estimated information used in calculating your benefits. An adjustment to your monthly benefit will be made in the fall, retroactive to your retirement date. Partial lump sum payments will not be adjusted and your monthly benefit will be adjusted without reduction for the partial lump sum option.





**DESIGNATION OF BENEFICIARY (020)**  
NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE  
TEACHERS' FUND FOR RETIREMENT DIVISION  
SFN 10341 (4-2016)

**Please see reverse side for instructions and important information on naming a beneficiary(ies) and death benefits available.** In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. § 3402. The individual's social security number is used for tax reporting and as an identification number.

Member Name (First, Middle, Last)		Person ID	Gender	Birth Date
Mailing Address (Street or Box)		City	State	ZIP Code
<input type="checkbox"/> Married <input type="checkbox"/> Single	Maiden Name	Spouse Name (First, Middle, Last)		Gender
Work Telephone Number	Home Telephone Number	E-mail Address		

Primary Beneficiary(ies)	Relationship	Social Security Number	Date of Birth	Gender	% Share	Address
Total must equal					100%	

Contingent Beneficiary (ies) (Optional)	Relationship	Social Security Number	Date of Birth	Gender	% Share	Address
Total must equal					100%	

**Spousal Consent**

If you are married and designate a beneficiary other than your spouse, your spouse must consent in writing to the alternate beneficiary (NDCC 15-39.1-17).

I have read and understand the death benefit information on the reverse side. I consent to the above named beneficiary(ies) designated by the above named TFFR member.

Signature of Spouse

Date

**Member's Signature**

I have read and understand the death benefit information on the reverse side. I designate the above named beneficiary(ies) to my TFFR account.

Signature of Member

Date

**Return to:**  
ND Retirement and Investment Office  
1930 Burnt Boat Drive, PO Box 7100  
Bismarck ND 58507-7100  
www.nd.gov/rfo

Telephone: 701-328-9885  
Toll free: 800-952-2970  
Fax: 701-328-9897

This form is available in an alternate format upon request.





**AUTHORIZATION FOR DIRECT DEPOSIT (311)**  
NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE  
TEACHERS' FUND FOR RETIREMENT  
SFN 11730 (4-2016)

**DIRECT DEPOSIT IS REQUIRED**

**COMPLETED BY TFFR ANNUITANT/PAYEE**

Name of Annuitant/Payee		
Mailing Address		
City	State	ZIP Code
Person ID	Telephone Number	
Effective Date		
I authorize the North Dakota Teachers' Fund for Retirement (TFFR) and the financial institution named on this form to initiate electronic fund transfer of my monthly retirement benefits to my account indicated below.		
<input type="checkbox"/> Checking	Payee's Account Number	Routing Number
<input type="checkbox"/> Savings	Payee's Account Number	Routing Number
I authorize TFFR to initiate a reversal or debit entry for all or any portion of any credit entry made in error to the designated account, including but not limited to amounts transferred after my death. If the funds remaining in the designated account are insufficient to fully reimburse TFFR for any credit entry made in error, I authorize my financial institution to release to TFFR any information in its possession regarding the manner and party responsible for any withdrawal or transfer of funds from the designated account made subsequent to the date of the credit entry made in error.		
This authorization must be received by TFFR ten (10) working days prior to the first of the month for the payment to be deposited. This authorization may be changed by completing a new Authorization for Direct Deposit.		
Signature of Annuitant/Payee		Date

**FINANCIAL INSTITUTION INFORMATION**  
(U.S. Financial Institutions Only)

**Please Attach a Voided Check Here**  
(Deposit slips will not be accepted)

**If you do not attach a voided check, a representative from the financial institution must complete section below and sign.**

Name of Financial Institution	Telephone Number
Signature of Financial Institution Representative	Date

**RETURN TO:**  
ND Retirement and Investment Office  
1930 Burnt Boat Drive  
PO Box 7100  
Bismarck ND 58507-7100

Telephone: 701-328-9885  
Toll Free: 800-952-2970  
Fax: 701-328-9897  
[www.nd.gov/rfo](http://www.nd.gov/rfo)

This form is available in an alternate format upon request.

**FORM W-4P (SUBSTITUTE) TAX WITHHOLDING CERTIFICATE (310)**

NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE  
TEACHERS' FUND FOR RETIREMENT DIVISION  
SFN 11729 (6-2014)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. § 3402. The individual's social security number is used for tax reporting and as an identification number.

Name (First, Middle, Last)	Social Security Number	Person ID	
Mailing Address (Street or Box)	City	State	ZIP Code
	Telephone Number	Effective Date	

Please read the instructions on the reverse side of this form and complete the following applicable lines:

**Federal Income Tax Withholding**

- 1) I elect **not** to have federal income tax withheld from my pension payment.  
(Do not complete lines 2 or 3.) ☐
- 2) I want federal income tax withheld from each periodic pension payment which is  
figured by using the number of allowances and marital status shown below. ☐  
(You may also designate an additional dollar amount on line 3.)
- Step 1: Check marital status**  
☐ Single ☐ Married ☐ Married, but withhold at the higher Single rate
- Step 2: Enter the number of allowances** \_\_\_\_\_ *(if left blank, 0 allowances will be used)*
- 3) I want the following additional amount withheld from each periodic pension payment.  
(You cannot enter an amount here unless you complete line 2.) \$ \_\_\_\_\_

**North Dakota State Income Tax Withholding**

- 1a) I elect **not** to have North Dakota state income tax withheld from my pension payment.  
(Do not complete lines 2a or 3a.) ☐
- 2a) I want North Dakota state income tax withheld from each periodic pension payment  
based on the number of allowances and marital status shown on line 2 above. ☐
- 3a) I want the following additional amount withheld from each periodic pension payment.  
(You cannot enter an amount here unless you complete line 2a.) \$ \_\_\_\_\_

**Return to:**

ND Retirement and Investment Office  
1930 Burnt Boat Drive, PO Box 7100  
Bismarck ND 58507-7100  
Telephone: 701-328-9885  
Toll free: 800-952-2970  
Fax: 701-328-9897  
[www.nd.gov/rio](http://www.nd.gov/rio)  
This form is available in an alternate format upon  
request.

Member's Signature

Date



## Year Before Retirement:

- ☐ 9-12 months
  - ◆ Schedule a TFFR Benefits Counseling Session.  
(See [TFFR Member Services Directory](#))
  - ◆ Complete any TFFR service credit purchases.
  - ◆ Schedule appointments to discuss your retirement plans with:
    - ◆ Accountant
    - ◆ Financial Planner
    - ◆ Insurance Agent
    - ◆ Lawyer
    - ◆ Social Security Representative
    - ◆ Tax Advisor
  - ◆ Evaluate cost and options for health coverage after retirement.
- ☐ 6-9 months
  - ◆ Review TFFR [Notice of Termination](#) form and begin to gather necessary documentation:
    - ◆ Proof of Age (birth or baptismal certificate, military discharge, or passport)
    - ◆ Proof of Beneficiary's Age
    - ◆ Current Year Teaching Contract & Extra Pay Documentation
    - ◆ Salary Verification – Pending Retiree form
    - ◆ Early Retirement Agreement or Resignation and Acceptance
    - ◆ Current Social Security Benefit Estimate
- ☐ 3-6 months
  - ◆ Notify school district of your intent to retire. Have your employer complete a [Salary Verification-Pending Retiree](#) form.
  - ◆ Submit [Notice of Termination](#) form to TFFR with the applicable documentation.
  - ◆ Upon receipt, TFFR will review your salaries and service credit. TFFR will make every effort to process your claim in a timely fashion. However, if delays occur, retirement benefits will be paid retroactive to your retirement date. If you pass away before accepting this benefit, retirement would not have occurred and retirement benefits would not be payable. Instead, your beneficiary would be eligible for survivor death benefits the first of the month following your passing.
- ☐ 1 month
  - ◆ TFFR will send the following forms to you for signature:
    - ◆ Retirement Enrollment (If married, spouse signature required).
    - ◆ Designation of Beneficiary
    - ◆ W-4P Tax Withholding
    - ◆ Direct Deposit Authorization
- ☐ 30 days
  - ◆ Complete and return retirement forms.
- ☐ Retirement date
  - ◆ Review first benefit for accuracy.
  - ◆ **Enjoy** your retirement!

# Retiree Notifications

- Retirement Benefit Notice
  - Will be sent prior to a change in your net monthly benefit amount.
- Annual statement each December
- 1099R tax form sent each January



North Dakota Retirement and Investment Office  
Teachers' Fund For Retirement  
Retirement Benefit Notice

1930 Burnt Boat Drive  
P.O. Box 7100  
Bismarck, ND 58507-7100  
Telephone: 701-328-9885  
Toll Free: 1-800-952-2970  
Web Site: [www.nd.gov/rio](http://www.nd.gov/rio)

JANE TEACHER  
1930 BURNT BOAT DR  
BISMARCK ND 58507-7100

PersonID: 9999999  
Retire Date: 06-15-2016  
Service Years: 32.000  
Membership Tier: 1G

**MONTHLY BENEFIT**

	Previous	Effective	10-01-2016	Year-To-Date
<b>Gross Monthly Benefit</b>	<b>\$3,409.85</b>		<b>\$3,949.81</b>	<b>\$15,884.29</b>
Monthly Non-Taxable	0.00		0.00	0.00
Taxable	3,409.85		3,949.81	15,884.29
<b>Tax Total</b>	<b>\$-276.65</b>		<b>\$-294.65</b>	<b>\$-1,262.93</b>
Federal	276.65		294.65	1,262.93
State	0.00		0.00	0.00
<b>Deductions Total</b>	<b>\$0.00</b>		<b>\$0.00</b>	<b>\$0.00</b>
Health	0.00		0.00	0.00
Life	0.00		0.00	0.00
Vision	0.00		0.00	0.00
Dental	0.00		0.00	0.00
<b>Net Monthly Benefit</b>	<b>\$3,133.20</b>		<b>\$3,655.16</b>	<b>\$14,621.36</b>
Total Non-taxable at Retirement:	\$0.00			
Account Value at Retirement:	\$230,549.87			
Total Received Life-to-Date:	\$15,884.29			

**Primary Beneficiary(ies)**

John Doe

Only the first four beneficiaries are printed.  
Contingent beneficiary information is not displayed, it is on file at the  
Administrative Office.

**Differences**

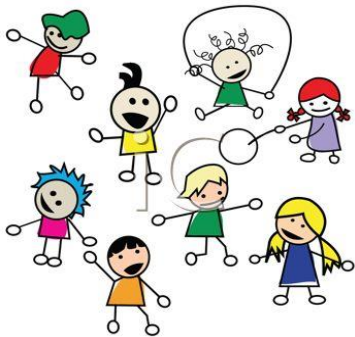
Gross Benefit, Federal Tax

**Option Description**

100% Joint and Survivor

# Employment After Retirement

- ❑ 30 calendar days must elapse from retirement date
- ❑ Return to covered employment for maximum number of hours based on length of contract:



9 month contract = 700 hours  
10 month contract = 800 hours  
11 month contract = 900 hours  
12 month contract = 1000 hours



- ❑ Non-contracted substitute teaching is unlimited
- ❑ Extracurricular duties and professional development do not count toward the limit.

The annual hour limitation applies to ND public schools and state institutions covered by TFFR. It does not apply to ND public colleges and universities, private schools, employment outside of education, or out-of-state employment.

Employer and employee contributions are paid on all salary earned by the retiree.

**Exceptions:** Critical Shortage Area and Benefit Suspension and Recalculation



**TFFR RETIRED MEMBER EMPLOYMENT NOTIFICATION (330)**

NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE

TEACHERS' FUND FOR RETIREMENT DIVISION

SFN 52161 (6-2014)

**General Information:** State statutes (NDCC 15-39.1-19.1) allow a retired TFFR member to return to TFFR-covered employment under certain employment limitations. A summary of retiree employment options is outlined on the reverse side of this form. This form, along with a copy of the retiree's contract or employment agreement, must be submitted to the administrative office within 30 days of the retiree's return to covered employment **each year** the retiree is employed.

**Section 1: Completed by Retiree**

Name of Retiree (First, Middle, Last)	Person ID	Telephone Number	Retirement Date
Employer	Position/Subject	Post Retirement – first day of work	Post Retirement – last day of work
Number of Compensated Hours (Exclude Extra Curricular)	Salary (Include Extra Curricular)	Were you employed during the previous fiscal year? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Employer:  Position:

**Select only one option for July 1 \_\_\_\_\_ - June 30 \_\_\_\_\_ fiscal year:**☐ **General Rule - Annual Hour Limit**

9 month contract = 700 hours

10 month contract = 800 hours

11 month contract = 900 hours

12 month contract = 1,000 hours

☐ **Exception A – Critical Shortage Area (CSA)**Approved CSA ☐ Yes ☐ No ☐ Subject Area ☐ Geographic

ESPB Signature	Date
----------------	------

☐ **Exception B – Benefit Suspension and Recalculation**Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5 ☐

Approximate date annual hour limit is reached (first year only)
---

I certify that I have reviewed the retiree return to work options on the reverse of this form and understand the employment limitations and the payment of employee contribution requirements. The above information is a complete and accurate description of my employment arrangement. I will notify TFFR of any change in the employment relationship.

Signature of Retiree	Date
----------------------	------

**Section 2: Completed by Employer**

Employer Name	Employer Number	Telephone Number	Attach Retiree Employment Contract or Agreement <input type="checkbox"/>
Business Manager Name	Superintendent Name		

I certify that I have reviewed the retiree return to work options on the reverse of this form and understand the employer reporting requirements including payment of employee and employer contributions on all retirement salary paid to a retiree based on our employer payment model. The above information is a complete and accurate description of the employment arrangement with the retired TFFR member. I will notify TFFR of any change in the employment arrangement.

Signature of Employer	Date
-----------------------	------

**Return to:**

ND Retirement and Investment Office  
1930 Burnt Boat Drive, PO Box 7100  
Bismarck ND 58507-7100  
Telephone: 701-328-9885  
Toll free: 800-952-2970  
Fax: 701-328-9897  
[www.nd.gov/rto](http://www.nd.gov/rto)

This form is available in an alternate format upon request.

**RIO Use Only**

Letter Sent \_\_\_\_\_  
Benefits Continue ☐ Y ☐ N  
Benefits Suspended \_\_\_\_\_  
Form Filed Within 30 Days  
☐ Y ☐ N

# **Teachers' Fund for Retirement**

**1930 Burnt Boat Drive**

**PO Box 7100**

**Bismarck ND 58507-7100**

<b>Telephone:</b>	<b>701-328-9885</b>
<b>Toll free:</b>	<b>800-952-2970</b>
<b>Fax:</b>	<b>701-328-9897</b>
<b>Email:</b>	<b><a href="mailto:rio@nd.gov">rio@nd.gov</a></b>
<b>Website:</b>	<b><a href="http://www.nd.gov/rio">www.nd.gov/rio</a></b>





You're off to great  
places,

Today is your day.

Retirement is waiting,  
so. . . . .

Get on your way!



Happy days are here at last.  
The days of 9 to 5 are past.  
I've worked all my life and  
paid my dues,  
Now I'll do just what I choose!